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7590

11/19/2002

J. PETER FASSE
Fish & Richardson P.C.
225 Franklin Street
Boston, MA 02110-2804

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Dawn Marie Class	(Depositor's name)
<i>Dawn Marie Class</i>	(Signature)
2/19/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/728,882

12/01/2000

William Lee

00786-429001 /

5708

TITLE OF INVENTION: METHODS FOR REMOVAL, PURIFICATION, AND CONCENTRATION OF VIRUSES, AND METHODS OF THERAPY BASED THEREUPON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Yes NX	\$80 \$4288	\$300	\$ 980 \$4588	02/19/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
FORTUNA, ANA M	1723	210-651000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Richardson PC.
2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The General Hospital Corporation Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature) *J. Peter Fasse* (Date) 32,983

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